U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2356	2. Fiscal Year Covered From:	
	1 / 1 / 2604 Through: 12 / 31 / 2034	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Mic wasz Musuraca	Name Sistrict Council 37, AFSCME,	
	Labor Organization File Number 0.59403	
P.O. Box, Bdg., Room No., If any	P.O. Box, Building and Room Number, if any	
Street 125 BARCLAY Street	Street 125 BARCLAY Sheet	
City VEW YORK	City New York	
State NEW YORK ZIP Code + 4 10007-217	State State Stew YORK ZIP Code + 4 (6007-2179	
5. Posion in labor organization. Assistant Sinector, S	Epv. of Rosearch & Negotistions	
Erer appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. H d an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of receastly value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City Communication of the Comm		
State ZIP Code + 4	, <u></u>	
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Nichael Musu were	ection on penalties in the instructions.)	

Name of Person Filing Michael Musuraea	File Number IJ-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Awalgzmzfed Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street IS Union Square City Wow York State WEW YORK ZIP Code + 4 10003	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Aungonisted Bank fornishes		
Trade Name, if any:	Braking Services to conion		
P.O. Box, Bldg., Room No., if any	Analgenisted Bruk MANNS: An index find for Dension to	24	
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	Pharter As A holiday giff!	(38,22)	
	Blanker As A holiday 9141; BASEBAIL Hickork (8220,00)		
	12.b. Amount. 836.6	22	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	ofress (franciski fisse)	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

American Federation of State, County & Municipal Employees, AFL-CIO

125 BARCLAY STREET . NEW YORK, NY 10007-2179

Telephone: 212-815-1470

Fax: 212-815-1402

District Council

LILLIAN ROBERTS

Executive Director

VERONICA MONTGOMERY-COSTA

President

CLIFFORD KOPPELMAN

Secretary

MAF MISBAH UDDIN

Treasurer

Vice Presidents:

Donald Afflick Leonard Allen

Patrick J. Bahnken Ralph F. Carbone

Carmen Charles Santos Crespo Leonard Davidman

Gene DeMartino
Victor Emanuelson

Charles Ensley Juan Fernandez

Claude Fort Barbara Henderson

Michael Hood Edward W. Hysyk

Mickey McFarland Alex Parker

Walthene Primus

Joan Reed Eddie Rodriguez

Louis A. Sbar Robert Schirmer

John Socha James J. Tucciarelli

Edna M. Williams

Associate Director

Oliver Gray

Retirees Association

Stuart Leibowitz

August 16, 2005

U.S. Department of Labor

Employment Standards Administration

Office of Labor-Management Standards

200 Constitution Avenue, NW, Room N-5616

Washington, DC 20210

Dear Sir or Madam:

Enclosed please find my LM-20 for Calendar Year 2004. If you

have any questions, feel free to call upon me.

Sincerely,

Michael Musuraca

